

# PROMISING PRACTICES IN HOME AND COMMUNITY-BASED SERVICES

## *Iowa – Retaining and Recruiting Direct Support Professionals*

### **Issue: Training, Mentoring and Increasing Awareness of Direct Support Professionals**

#### Summary

The Iowa Care Givers Association, an independent professional organization, created the Certified Nursing Assistants (CNAs) Recruitment and Retention Project. This project focused on professionals in nursing facilities, but may be adapted to support home and community-based services providers. Based on input from CNAs, the project established training and mentoring for CNAs and increased awareness of their work. CNAs in nursing facilities that participated in the pilot experienced higher job satisfaction and retention rates than CNAs in a control group.

#### Introduction

Like many states, Iowa is experiencing high turnover rates for direct support professionals in both institutions and in the community. The national average turnover rate of Certified Nursing Assistants (CNAs) in nursing facilities is 80% and the turnover rate for Home Health Aides is 40-60%. High turnover rates cost

**The project targeted nursing facility staff, but a similar approach may work with HCBS direct support professionals.**

money, cause people's support to be inconsistent, and decrease the quality of life of persons with disabilities.

Meanwhile, the need for direct support professionals in the community is steadily increasing as more people seek home and community-based services.

The Iowa Care Givers Association (ICA) implemented a Certified Nursing Assistant (CNA) Recruitment and Retention Project to decrease turnover among CNAs who provide direct support in three Northwest Iowa nursing facilities. ICA is a member-driven association that provides education, information, support, and advocacy for CNAs, Home Health Aides, and other specialized direct support

professionals. The project targeted nursing facility staff, but a similar approach may work with direct support professionals in the community. The ICA's website, the project's website, project staff, and a CNA representative provided information for this report.

#### Intervention

ICA started the project with two years of assessment to identify interventions that may be useful. During the first year of assessment, ICA conducted two focus groups and a statewide random survey of CNAs. Based on these assessment activities, the project found that CNAs were concerned with short staffing, poor wages and benefits, lack of respect from and relationship with their supervisors, and inadequate training and orientation. The CNAs' relationship with their supervisors was the factor with the greatest influence on job satisfaction.

In the second year, ICA conducted a random statewide survey of registered nurses who supervise CNAs. Supervisors identified a lack of authority and resources to provide CNA training, a lack of knowledge regarding supervision, and insufficient time to provide supervision.

ICA then implemented a series of interventions in three nursing facilities in the small towns of Spencer, Hartley, and Estherville. Two urban facilities in Des Moines participated in interventions during the second year of the project. Three nursing facilities in the Southeast Iowa small towns of Washington, Wellman, and Mechanicsville served in the control group. ICA targeted six rural Northwest Iowa counties, which included the project's original three nursing facilities, for community awareness interventions.

Project interventions included CNA in-service trainings, CNA mentorship opportunities, and community awareness and CNA recognition initiatives. CNAs decided the in-service topics at their facilities, which included conflict resolution, caring for people with Alzheimer's Disease, communicating with dying residents and their families, communication with co-workers, and team building.

The Mentor Training Program had two goals: to enhance the orientation and skills of new CNAs and to retain veteran CNAs by providing advancement opportunities. Community college instructors were certified to teach the two-day Mentor Training Programs to instruct CNAs on how to mentor new CNAs in their facility. The community colleges also hosted Mentor Reunion meetings to provide networking opportunities for mentors. A registered nurse from Iowa Lakes Community College (ILCC) created the Mentor Training curriculum and trained new instructors.

The Mentor Training Program included six focus areas. It started with a self-assessment of the mentor's personality, values, and goals and a professional analysis to help mentors identify their career motives, needs, talents, and skills. The program then taught mentors how to combine their personality, values, and goals with the talents and skills used in their career. The Mentor Training Program also provided instruction on effective communication and team building. The final focus area of the training program was the evaluation of the mentor's progress, satisfaction with the program, and their satisfaction with the process

of becoming a mentor. The program began at ILCC and expanded to 9 additional community colleges. Facilities that chose to participate in the program gave mentors higher wages, new titles, and/or increased responsibility.

**First, ICA surveyed CNAs and nurses who supervise them to assess how to support CNAs.**

The community awareness and recognition interventions were intended to enhance CNAs' public image and foster community ownership of CNA retention and recruitment issues. A planning committee – consisting of consumers, family members, advocates, educators, providers, regulators, direct support professionals, and other stakeholders – developed and implemented the interventions. Interventions included community education programs, public awareness campaigns, recognition programs, and CNA network meetings.

The final phase of the project was evaluation and dissemination of project findings. ICA used facilities' data on CNA participation in interventions and CNA turnover rates, pre and post-test interviews, and pre and post-test job satisfaction surveys during the evaluation. Project results were disseminated via national publications, national conferences, press conferences, and public service announcements. ICA also sent project results to state legislators, Iowa's members of Congress, ICA members, community colleges, providers, and several state agencies.

### Implementation

ICA successfully lobbied the Iowa General Assembly for funding to create the project. Iowa's Department of Human Services provided first-year funding of the project in October of 1998. Money from civil penalties collected from nursing homes funded the project's second year, and the Iowa Department of Elder Affairs' Senior Living Trust Fund funded the third year. The project received \$130,000 for each of the first two years and \$100,000 for the third year.

Instability of funding created ongoing challenges for the project. The project's success heavily relied on in-kind donations by the community colleges and modest project staff wages. According to ICA, ideal funding of \$1 million per year would be needed to implement and maintain a statewide initiative. Funding is needed to hire staff, subcontract with community colleges, provide ongoing assessment and evaluation, and ensure statewide expansion and integration.

ICA devoted 70% of its 1.5 FTE staff resources to the project. ICA recommends more staff

**CNAs in facilities that the initiative targeted worked almost twice as long as CNAs in control group facilities.**

resources to ensure project success. Without the pre-established relationship with the community colleges, ICA estimates it would

have taken at least an additional one or two years to build commitment for the project from direct support professionals, providers, educators, community colleges, and the communities.

The Mentor Training Program was challenging due to incomplete participation from facilities. The project did not equip the employers with the tools needed to create an implementation

plan for their returning CNA mentors. When this issue was identified at CNA mentor reunion meetings, project staff established a training program for nursing facility administrative staff on "How to Implement the CNA Mentor Program".

### Impact

The National Resource Center for Family Centered Practice at the University of Iowa's School of Social Work evaluated the project. Facilities that provided CNA in-service trainings, support groups, and CNA mentorship opportunities had an average length of CNA employment of 18.96 months, which was significantly higher than the control group average of 10.01 months. The CNAs in the treatment group also reported greater job satisfaction.

### Contact Information

For more information about the Certified Nursing Assistant Recruitment and Retention Project, please contact Pam Biklen or Diana Findley at (515)-241-8697 or [lowacga@aol.com](mailto:lowacga@aol.com). More information about the Iowa Care Givers Association and the Certified Nursing Assistant Recruitment and Retention Project can be found online at <http://www.iowacaregivers.org>.

### Some Discussion Questions:

**What changes would States need to make to adapt this initiative to home and community-based services?**

**How can States demonstrate the effectiveness of a similar initiative to justify continued funding?**

This report was written by Erin Barrett, L.S.W. It is one of a series of reports by The MEDSTAT Group for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in home and community-based services. The entire series will be available online at CMS' web site, <http://www.cms.gov>. This report is intended to share information about different approaches to offering home and community-based services. This report is not an endorsement of any practice.